Special Leave with Nominal Pay Application Form HR 110

This form is to be used when you are making application for Special leave with Nominal Pay. It is important that you complete this form correctly and forward all requested documentation to Human Resources in the time frames outlined below. Please complete in Block Capitals/Tick appropriate boxes

Section 1. To be completed by the employee

I wish to apply for Special Leave with Nominal Pay in accordance with the terms and conditions applicable to this leave type. I agree that should my application be approved I will notify my Line Manager and HR of any circumstances that would change the terms and conditions applicable to the granting of this leave type.

Surname:							First Name:											
Grade::							Personnel No)										
Location:							PPS No											
Is this your initial application for Special Leave with Nomin (Minimum notice period – 8 Weeks)						omina	nal Pay?				Yes 🗌 No 🗍							
If yes please go to section 2																		
Is this application in relation to an extension of your speci pay period?						ecial	cial leave with nominal Yes 🗌 No 🗌											
If you answered yes to the question above please provide the dates of your current period of special leave with nominal pay																		
From Date									To Date									
(Note an employee can avail of a maximum of 3 years Special Leave with Nominal Pay any period exceeding 3 years is managed under the HSE Career Break Scheme)																		
Section 2. Leave Details																		
From Date									To Date									
Please Indicate the reason for your application Please indicate which Country 								ry										
To Work with an international Agency in a Development Co					nt Co	ountry												
Disaster/ Emergency Relief Work																		
Name of International Agency*																		
* Please note a letter from sponsoring international agency must be included with this application																		
Section 3. Contact Details While on Special Leave																		
Street Address																		
Town/City																		
County F						Po	Post Code Country											
Contact Phone Number: M						Mc	Mobile Phone No:											
E Mail Address																		

If Faxing please ensure Employee's Name and Personnel Number are included for each page of form

Name _____ Personnel No._____

Section 4. Declaration												
I understand that any period of special leave with Nominal pay is reckonable for pension purposes.												
I further understand that the contributions due from me will be calculated on the basis that I continued to be employed in my substantive grade for the duration of my period of Special leave with Nominal pay and I agree to pay any outstanding contributions on my return to duty.												
Signature												
Section 5. To be completed	d by Line Mana	ager		•								
Leave due to/ Owed by employee	Leave entitlement (Hours)	Leave Taken (Hours)	ours D	Hours overtaken								
Annual Leave (Confirmed)												
Public Holidays (Confirmed)												
Section 6. Objects on loan (if applicable)												
Please list HSE property items on loan below. (e.g. Laptop, Mobile Phone, Keys, travel pass etc.)												
Item	em Employee Initials				Date of Return							
Have Items on loan been recovered		١	Yes 🗌	No								
If no, please ensure that items are rec	overed before the e	employee comme	ences	leave.								
Section 7. Delegated Office	er											
I have checked the relevant supportin	g documentation inc	cluded with this le	eave r	eques	t.							
In addition I have completed an assessment on the capacity of the department to meet operational requirements as a result of this request for special leave with nominal pay. My recommendation for this leave request is:-												
Application Approved	Application Refused											
Name	Decision No											
E Mail address	Contact Tel No:											
Signature	Date:											
Section 8. To be completed by Assistant Director of Human Resources												
Application Approved	Application Refused											
Name												
Signature		Date										

If Faxing please ensure Employee's Name and Personnel Number are included for each page of form

Name _____ Personnel No._____

Section 9. Payroll Section (for sap phase 1 sites only)												
Location Code												
Checked by Payroll												
Name (Print)	Signature											
Tel No	Date											
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Appendix 1 Explanatory notes on Special Leave with Nominal Pay

Employees with professional qualifications are entitled to apply for special leave to work with a recognised agency in any of the following:

- a recognised underdeveloped country;
- a disaster/emergency region; and
- a developing country where the public health service is underdeveloped.

Short-term absences may be considered in the case of disaster relief. Approval may be granted to absences of one-year duration. Leave may be extended for a maximum period of three years under this scheme. No approvals should be made without the express prior approval of the Area Director of Human Resources.

An employee may extend the duration of his/her stay, up to a maximum of five years, by applying for additional leave under the Career Break scheme.

On completion of service abroad, employees will be entitled to return to an equivalent post with the HSE.

Superannuation

During special leave, employees are paid a nominal amount per week to protect their superannuation rights.

Employees continue to be liable for contributions under the Local Government Superannuation Code and the Spouse's and Children's Pension Scheme. Contributions are based on pensionable remuneration immediately prior to the commencement of special leave and are adjusted in line with general pay increases.